

RUTLAND HISTORICAL SOCIETY

Quarterly

VOLUME 43 No. 3

2013

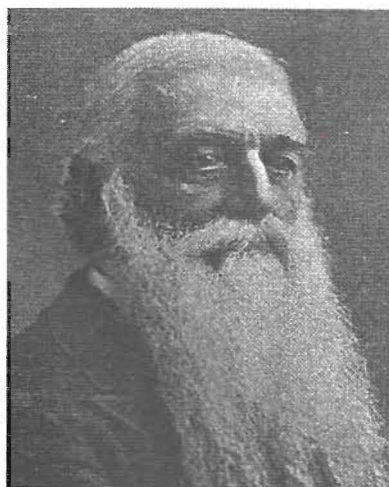
Civil War Medical Care



VERMONT HISTORICAL SOCIETY



THE ACADEMY BOOKMAN



THE VERMONT - 1903



J. SMOOTS, FIND A GRAVE

These distinguished Rutlanders all served in the Civil War and practiced medicine in Rutland. Clockwise from top left: John A. Mead, Middleton Goldsmith, John D. Hanrahan, Charles L. Allen.

About the Author

Robert Ranftle joined the Rutland Historical Society in 2009, upon moving to Rutland.

This is the fourth quarterly issue that he has compiled and produced at the Society, all about the Civil War. See "For Further Reading" for a list of Civil War issues.

Bob is a member of the Exhibit Committee working on the multi-year Civil War commemorative project, and also led the team that assembled the Society's exhibit at the 2012 Vermont History Expo.

Introduction

At the beginning of the 19th century, the newly formed United States of America had been in existence for twenty four years. Vermont, the fourteenth state to enter the union and the first since the revolution, was a mere nine years old.

Critical issues and problems confronted the new society, in all aspects of government and everyday life.

One of these issues was medical care – how to provide for citizens' health care without the existence of an established medical care infrastructure. At the time, there were few public general hospitals, few established medical schools and few medical societies. There were no government agencies (such as today's FDA) to assure the safety and efficacy of medical products and treatments. Surgical procedures were unimaginably crude by today's standards.

By the time the Civil War began, things had improved somewhat, but certainly not to the extent that would be required for a country suddenly in the midst of a massive war, the scale of which had not been experienced previously.

In this Quarterly issue, we explore the topics of medical care during those years, the experience of wounded and ill soldiers, and the contributions to the field of medical care introduced during an otherwise tragic episode in our history.

The *Quarterly* is published by the Rutland Historical Society, 96 Center Street, Rutland VT 05701-4023. Co-editors: Jim Davidson and Jacob Sherman. Copies are \$2 each plus \$1 per order. Membership in the Society includes a subscription to the *Quarterly* and the *Newsletter*. Copyright © 2013 The Rutland Historical Society, Inc. ISSN 0748-2493.

Civil War Medical Care

By Robert Ranftle

History of Medical Care in Vermont: 1800 - 1861

At the dawn of the 19th century, the state of Vermont was virtually at the starting point in providing organized medical care for the new society.

Medical problems of the day were many, especially epidemics that broke out periodically, at a time when effective remedies were not available. Diseases that afflicted the population included smallpox, measles, diphtheria, consumption, canker rash, dysentery and pneumonia.

As an example of the serious nature of the situation, in 1813 an outbreak of an unknown malady caused roughly 6,400 fatalities, or over 3% of the population of the state. At the time, the cause of this disease was uncertain (later diagnosis revealed that it was probably cerebrospinal meningitis).¹

Vermonters suffered with these plagues for most of the 19th century, and would only be relieved somewhat in the later decades by cures, preventive actions and public health laws.²

At the time, the concepts of public hospitals and specialized facilities such as clinics, where the general population would be treated for a variety of ailments, were largely futuristic.

To address the needs of an expanding society for adequate medical care and treatment, leaders in the field, supported by educators and politicians, pooled their resources and skills to establish much-needed collective approaches to the administration of medical care.

Medical Societies³

As early as 1784, seven years before Vermont became a state and while it was still an independent republic, the physicians of the counties of Bennington and Rutland secured the enactment of a law entitled "An Act to Establish a Society by the Name of the First Medical Society in Vermont". This was quickly followed by similar actions in Windham, Franklin and Windsor counties.

¹ "Medicine and Surgery", Dr. Charles S. Caverly, *The Vermonter*, a State Magazine, May, 1903

² Ibid.

³ Ibid.

In 1813, a state medical society was created by an act of the Vermont Legislature; it was made up of delegates from the individual county societies. The act mandated that the county societies perform certain official tasks to enhance medical care at all levels. These tasks included maintaining medical libraries and procuring equipment, holding semi-annual organizational and regulatory meetings, and conducting candidate examinations. The right to levy taxes on members to defray expenses was granted to the county societies.

The role that medical societies had in licensing doctors was an important one. Prior to the existence of a system for certifying that a doctor was fit to practice, patients had to rely not only on the capabilities of the doctor himself, but also on the knowledge and integrity of the established physician under whom the doctor studied.

The state society was often impeded by conflicts with the county societies, mostly involving the desire of the state society to impose regulation with corresponding financial incentives to comply (fines). As a result, the state society was disbanded and reformed twice during the pre-Civil War period, but then survived into the next century.

Medical Education⁴

Nationwide in the early 19th century, formal education in a medical school was rare. An aspiring medical student generally “read medicine” under the tutelage of an experienced doctor. Then, if successful, the student would be presented to a county medical society for licensing.

The Castleton Medical Academy was the first medical college in Vermont and one of the first in New England. It was chartered by an act of the Vermont Legislature on October 29, 1818, and in 1819 was given the power to “confer those honors and degrees which are usually conferred by medical institutions”.

The college occupied a prominent place in medical education during the pre-Civil War period, awarding degrees to over 1,500 medical professionals, with an illustrious list of graduates and faculty. The list of prominent physicians who were Castleton professors includes Rutlanders Horace Green, Middleton Goldsmith, Charles L. Allen and Ebenezer Sanborn.

By the mid 19th century, in the absence of hospitals and medical research organizations, medical colleges had become the “state of the art” in the study and advancement of medical care in Vermont and around the country.

⁴ Ibid.



Left: Today's Castleton State College "Old Chapel" was the original Castleton Medical School. Right: The Castleton Medical Academy as it appeared in 1855.

The Hubbardton Raid.....

Close proximity of aspiring medical students to the established citizenry of the small farming community sometimes brought interesting situations.

One such situation brought things to a head (literally). This involved the dissecting room at the college, and its need for material to dissect.

In this case, the overzealous students had snatched the body of the late wife of one of the locals, to use as experimental fodder.

Thus, reports *The Vermonter*, May, 1903:

"The Hubbardton Raid, which occurred in the 1830s, was one episode in which the sturdy sons and fathers and husbands of nearby Hubbardton, armed with weapons from the farm, marched in a body to the old college to rescue from its dissecting room the body of the wife of one of their number, whose new-made grave was found empty.....

The bereft husband took to searching the precincts of the dissecting room for the remains.....

After threats to burn the town if the body was not produced, and after further search, the body minus the head was found underneath the floor of the dissecting room."

Realizing that these people were not to be trifled with, "the medical students gladly produced the head, at which time the sturdy rustics marched back triumphantly with the remains."

The students marched back to their classrooms with their own bodies and heads intact, and much wiser for the experience.

19th Century Medical Care in Rutland

In the 19th century prior to the Civil War, both routine and urgent medical care in the city of Rutland were provided by private physicians, and midwives who assisted women during childbirth.

Quality of care was a matter of economics; those who could afford it, received medical care and attention at home. Rutlanders were fortunate to have Castleton Medical Academy relatively close by, and travelled there for consultation and treatment.

"Pest Houses" were used to quarantine people infected with smallpox and other communicable diseases. As late as 1859, people in Rutland were still being quarantined in such facilities.⁵ Poor farms also existed in communities in the 19th century. In theory, medical care was included in the subsistence that residents received. At best, these were imperfect providers of medical care.

Rutland Doctors 1861 - 1866

Throughout the Civil War period, a total of 21 doctors practiced in Rutland.⁶ Some of those interrupted their practices to serve in the military. Most stayed at home, in many cases due to advanced age.

<u>Name</u>	<u>Civil War Role</u>
Adams C F	Rutland County Medical Examiner
Allen H D	
Cochran T H	
Cook O Jr.	
Cooper J H	
Dutton	
Foster C F	
Fox H	
Green J Dunham	Assistant Surgeon and Surgeon: 1862 - 1864
Griswold S H	
Harwood E V N	
Haynes B H	
Howard A R	
Lawton L T	
Page T J	
Paige D E	
Pond E A	Assistant Surgeon, Rutland Board of Enrollment
Porter C	
Porter H	
Porter J B	
Ross J	

⁵ "Hospital Care in Rutland: The First Century", Rutland Historical Society

⁶ Vermont Register and Farmer's Almanac, 1861-1866

The Porter Family⁷

The list above contains multiple references to the Porter family. In fact, the list tells only part of the story.

Ezekiel Porter was Rutland's third doctor. He came to Rutland for the first time in 1783, and settled there in 1788. He was one of the founders of the First Medical Society in Vermont.

Dr. Porter provided medical care to the public until he left Rutland in 1817.



James Porter was born in Long Island, New York in 1780. In 1787, he came to Rutland to live for a time with his uncle Ezekiel. James studied medicine under his uncle, and was licensed in 1813. Thereafter, he practiced medicine in Rutland until his death in 1854. James Porter is buried in Evergreen Cemetery, with his wife Hebzi-bah. The couple had four sons and a daughter.

Descendents of James and Hebzi-bah Porter, including three sons, went into the practice of

medicine in Rutland:

- James Burnham Porter was born in 1806 and began practicing medicine in Rutland in 1832. He provided medical care for the people of Rutland for almost 50 years.
- Charles Burnham Porter, the son of James Burnham Porter and grandson of James Porter, was born in Rutland and became a noted lecturer at Harvard.
- Charles Burnham Porter's son (great-grandson of James Porter) became the head of the Harvard Medical College.
- Cyrus Porter began practice in Rutland in 1842 and, as did his brother James Burnham, had a long-lasting practice in his home town.
- Hannibal Porter practiced medicine in Rutland starting in 1846. He died in 1863 at age 43, and is buried in Evergreen Cemetery.

The Green Family⁸

Another family of multiple 19th-century Rutland physicians was the Green family.

⁷ "Early Families of Rutland, Vermont", M and D Swan, Dawn D. Hance editor, The Rutland Historical Society, Inc.

⁸ Ibid.

Joel Green came to Rutland in 1817, after having lived and studied medicine in Chittendon. In 1832, he received an honorary degree in medicine from Middlebury College. He lived in Rutland until 1838.

Horace Green came to Rutland in 1829, and from the early 1830s until 1836 was in partnership with his brother Joel. He then relocated to New York. Subsequently, he was a professor at Castleton Medical College, and was one of the founders of the New York Medical College.

Josiah Dunham Green, son of Dr. Joel Green, was born and raised in Rutland and graduated from Castleton Medical College in 1851. He practiced medicine in Rutland from 1852 until his enlistment in the Union Army in 1862, where he served with distinction as a surgeon with the 7th Vermont Infantry, earning commendations from Generals Banks and Butler.⁹

Rutland's Professional Set

Apparently, life for the Rutland professional community in pre-Civil War times was not without its irony, intended or unintended.

It's all in the Language¹⁰

Many Rutland history scholars can tell you that Jacob Ruback was the first doctor in the city, arriving here about the time of the Revolution.

What is not widely known is that it was a matter of pure happenstance that he wound up here at all.

Born around 1740, he got his start in medicine with the army of Frederick the Great of Prussia. He soon left that army and headed for Canada, on account of his role in a duel. (It is presumed he was the winner.)

"Soon after his arrival in Quebec he got roaring drunk and when he sobered up he found, much to his dismay, that because he was unfamiliar with the language or because he was tricked by the recruiting officer, he had enlisted in the British Army as a *sergeant*, not a *surgeon*. Not long afterward he deserted the army and fled to Connecticut where he set up medical practice and married."

The British evidently decided against pursuing him, things being what they were in the colonies at the time.

⁹ VermontCivilWar.org

¹⁰ "The History of Rutland, Vermont 1761-1861", Dawn D. Hance, The Rutland Historical Society, Inc.

Subsequently, Dr. Ruback served during the Revolution, and set up practice in Rutland.

Despite his problems with intemperance and his poor management of finances, he provided a valued service to the community at a time when it was greatly needed.

And all because of a single word misspoken or misinterpreted.

An Attempt to Hedge a Bet¹¹

The Reverend Lemuel Haynes was not one to pass up the opportunity to deliver a pithy comment.....

"In the spring of 1817, Dr. (Ezekiel) Porter decided to leave Rutland and advertised in the newspaper for people to settle their accounts. It seems the Reverend Lemuel Haynes of the West Parish was one of those who owed him money, but Porter was willing to let the debt go if Haynes would pray for him. The good Reverend, known for his caustic wit, gave the doctor a parting shot by saying, "Oh, I prefer to pay the debt.""

Challenges Faced by Union Soldiers

Throughout the war, over 33,000 Vermonters were enlisted into the armed services of the nation.¹² Marching off to war, these men faced an uncertain future.

The enemy was surely on their minds. No doubt, many had fears about upcoming battlefield encounters, against a foe they knew little about, and in places yet to be determined.

They may also have had concerns about what they would face away from the battlefield, in an unfamiliar place, and in a climate and environment that most had not experienced in their lifetimes. (Statistics showed that, of the Union troops who marched and fought in the south, those from Vermont were especially susceptible. In fact, the number of Vermonters who would die of illness or disease exceeded the number killed or mortally wounded on the battlefield by over 50 %.)¹³

They would have had no idea how harsh the war experience would be in comparison to the lives they had left; they would not have known the deprivation that is the life of a soldier. As an example, during the Seven Days Battle in 1862, men were sent out to battle without having taken

¹¹ Ibid.

¹² This figure includes Vermonters who served in the Vermont volunteer units, in the units of other states, and in the Navy and the Marines.

¹³ This figure excludes those who died during imprisonment.

food and with only minimal rations. Through seven days in which they fought six battles, they had hardly any food and even water was scarce, as nearby wells had been poisoned.¹⁴

Most of these enlistees were farm boys or laborers, and were used to a life of hard work. They probably felt that war would be harsh, but that their lives up until that time made them at least partially ready for the challenge.

In fact, the war would be as harsh and as difficult as they could possibly have imagined.

State of Medical Care in the Union Army

Medically, the United States was not prepared when the Civil War began in the spring of 1861. Seventy five years had passed since the end of the American Revolution, and the new conflict was happening on a much larger scale.

Scientists, meanwhile, had yet to arrive at the theory that germs cause diseases, nor did they yet understand the effects of viruses and bacteria. Doctors did not know that they should wash their hands before amputating limbs. As soldiers from small towns came together in large groups, they became newly exposed to pathogens that their bodies had never encountered before. But there were no antibiotics and no antiseptics. It was unknown what was causing illnesses. A theory was that miasmas or “bad air” were the cause.¹⁵

In addition, procedures and medical implements were slow to come to the new nation to be put into practice. At the beginning of the war, useful implements such as the stethoscope, thermometer, microscope and hypodermic syringe were just being introduced into the Army Medical Corp.¹⁶

Initially, the ranks of the Medical Corp were filled with individuals who had studied medicine, but were far from being “doctors” or “surgeons”. In the span of a few years, the Army Medical Department had expanded 100-fold. It was not possible to assess all candidates fully, resulting in many assignments that were not proper, with the resulting negative impact on diagnosis and care.¹⁷

Treatments for illnesses and diseases were limited to isolation (quarantine), use of medicinals, quinine, castor oil, or opium, the application

¹⁴ William Y. W. Ripley, “A History of Company F – First United States Sharpshooters 1861 – 1865”.

¹⁵ National Museum of Healthcare and Medicine, as reported by Emily Sohn, Discovery News

¹⁶ Janet King RN, BSN, CCRN, VermontCivilWar.org

¹⁷ Ibid.

of plasters, poultices and the use of blistering techniques. Pain killers used were opium and opium derivatives, especially morphine; anesthetics were chloroform and ether. More effective methods than these had not been developed or were not available.¹⁸

Battlefield Medical Care – the Letterman Plan



WWW.CIVILWARMED.ORG

Upon his appointment as Medical Director of the Army of the Potomac in June, 1862, Dr. Jonathan Letterman of Pennsylvania immediately sought to determine the current status of medical care within the army. At the time of Dr. Letterman's appointment, the Army of the Potomac had just completed its unsuccessful Peninsula Campaign, and was in camp at Harrison's Landing, Virginia.

From that time until the end of 1863, the systems for hospitals and ambulance services designed by Dr. Letterman were implemented, and served as models for emergency medical care well beyond the completion of the Civil War.

Dr. Letterman's Conclusions¹⁹

Major problems and shortcomings were discovered, that required immediate attention:

- Depleted medical supplies.
- Understaffed medical units.
- Lack of healthy diet and improper preparation of food.
- Lack of proper accommodations for sick and wounded.
- Lack of proper hygiene in camps.

In addition, there were serious flaws in the organizational structure, where medical assets were under the control of line military units. There were countless incidents in which medical assets were redirected for purposes other than medical care.

The aggregate result of these conditions was that medical care during battlefield engagements was disorganized and chaotic.

Many of the problems were attributable to wartime conditions and exigencies. However, Dr. Letterman could see that things could be im-

¹⁸ Ibid.

¹⁹ "Medical Recollections of the Army of the Potomac", Jonathan Letterman, M.D., D. Appleton & Co., New York

proved, and sought to gain the acknowledgement at all levels of the Union chain of command that medical care was of paramount importance.

By the time the massive battles of 1863 and 1864 took place, a set of procedures and organizational changes (The Letterman Plan) had been instituted, to deliver necessary care to the wounded soldier at the time and place it was needed. The plan also addressed the needs of soldiers who had fallen ill in camps and on the march.

The Letterman Plan stressed the physical aspects of battlefield medical care (hospitals and ambulances), and the organizational structure of the medical corps, relative to the main army.

A Wounded Soldier's Journey²⁰

A soldier wounded on the battlefield was lucky if the incident occurred while he was in the line with his mates who could assist him to the immediate rear for treatment.

In other cases, stretcher bearers would come to the soldier's aid, and carry him off on stretchers. Initially, these stretcher bearers were regimental band members and detailed litter-bearers.

The wounded soldier was removed to a Battalion/Regiment Field Aid Station.

Battalion/Regiment Field Aid Station:

A field aid station was located directly behind the front lines, and was comprised of an Assistant Surgeon, a Hospital Steward, and other assigned personnel. Its purpose was to stop bleeding, relieve pain, reduce fractures and dislocations, and stabilize the wounded man for evacuation to the Field Hospital.

Field Hospital:

A field hospital was established at a distance behind the lines, to be safe from enemy artillery fire, and was staffed by a Surgeon, Assistant Surgeon, additional Hospital Stewards and other assigned personnel. Its purpose was to perform emergency surgery and to prepare the wounded soldier for further transport.

Evacuation Hospital:

An evacuation hospital was usually established at a rail head, river front, or harbor. Its function was to perform further surgery and allow recuperation of the wounded. Discharged soldiers were

²⁰ United States Army Medical Department: A Summary by Andrew H. Rowden (Captain, U.S. Army Medical Department).

either sent back to their units, or were sent to a general hospital for further treatment and convalescence.

General Hospital:

Most general hospitals could be found near a major city. Their purpose was for the recovery of the wounded or for the performance of further surgery if needed. A soldier was either returned to his unit or was discharged at this point.

The Ambulance Corps²¹

Transportation of the wounded among the various hospitals was the duty of the Ambulance Corp.

As a result of the Letterman Plan, by late 1862 the Ambulance Corps had become a totally separate entity from the Army Corps which they served, with direct line reporting to the Medical Director of the Army.

This separation established autonomy for the Ambulance Corps, in the following areas:

- Ambulance Corps lines of authority were vertical. Line army officers had no authority to give direction to Ambulance Corps personnel.
- Non-medical personnel of the Ambulance Corps (stretcher bearers, aides) would be detailed by the Army Corps, but could be detached only by Ambulance Corps command.
- Requisite supplies were defined for each level of the Ambulance Corps. Line army personnel were prohibited from possessing ambulance and medical supplies and equipment.
- Positions of the ambulance train both in camp and in the line of battle were pre-defined, in order that medical care could be rendered with the least amount of confusion and delay.
- All medical assets (personnel, hospital tents, ambulance trains) would be clearly identified by uniform or by distinctive signs.
- Drill, discipline and expertise (handling wounded, sanitary hygiene) would be the responsibility of the Ambulance Corps.

These measures were taken to remedy the problems that had been encountered, and to prepare the units for the heavy fighting that was expected in the months and years ahead.

²⁰ "Medical Recollections of the Army of the Potomac"

Timeline of the Letterman Plan²²

From June, 1862 through the end of 1863, the improvements made by the Letterman Plan were substantial. The timeline of measurable results is the following:

Harrison's Landing (6/62)	The medical assets to address the needs of the army were unilaterally insufficient. This was the reference point for the Letterman Plan.
Antietam (9/62)	The first time the newly formed organizations and procedures were put to the test. It was a successful "proof of concept", and provided feedback for modifications (which were made a month later).
Fredericksburg (12/62)	By the end of the disastrous first day of the battle, all wounded men who had been reachable were removed from the battlefield, a milestone in Civil War medical care.
Gettysburg (7/63)	Due to battle conditions, only the 12th Corps had its full medical support in the field with them at all times. The dramatically successful results of that corps reinforced the importance of full deployment of medical support in battlefield situations.
1864	Fully developed systems and organizations were in place to care for the battlefield wounds that were incurred during the Overland Campaign: at The Wilderness, Spotsylvania, North Anna, Cold Harbor and Petersburg. Despite the state of readiness that existed, the year presented a particularly acute problem with its steady stream of bloody battles in close succession. Vermont was hit especially hard, and the presence of hospitals in the state did much to alleviate the problems.

²² Ibid.

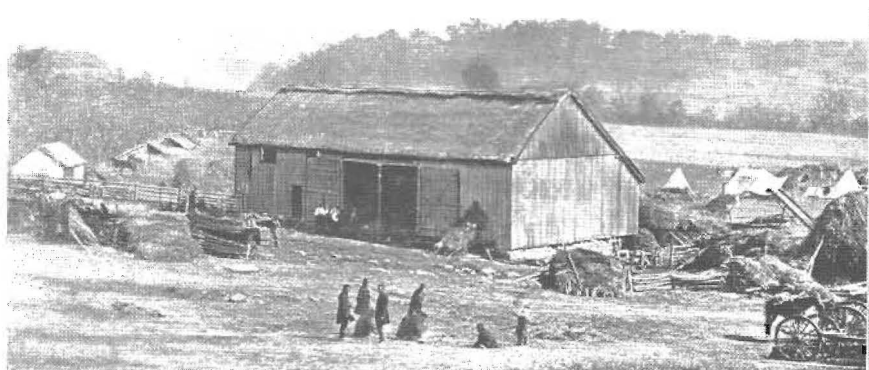
Field Hospitals and Ambulance Trains

On the next two pages, evidence of progress resulting from The Let-terman Plan is shown.

In field hospitals, the increasing use of tents can be seen. Tents were found to be more conducive to the soldier's recovery than were existing structures such as farm houses and barns.



PHOTOGRAPHIC HISTORY OF THE CIVIL WAR



PHOTOGRAPHIC HISTORY OF THE CIVIL WAR



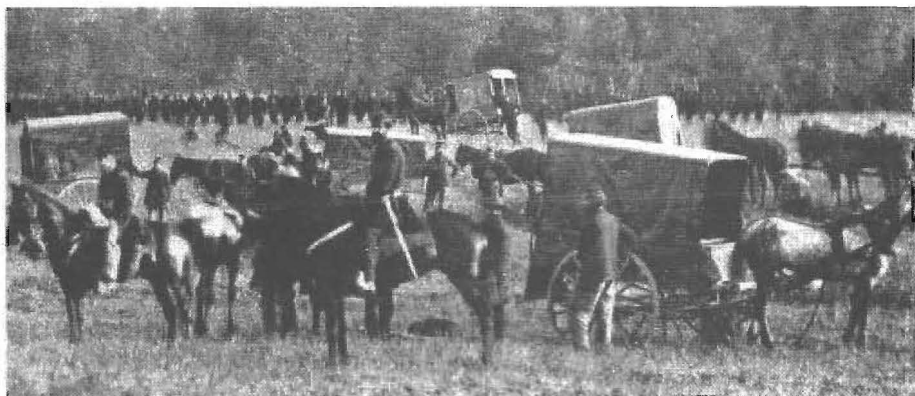
PHOTOGRAPHIC HISTORY OF THE CIVIL WAR

Top: Fair Oaks, Virginia (6/62). Buildings served as field hospitals. Due to logistical problems, tents for the overflow were scarce.

Middle: Antietam, Maryland (9/62). Improved supply and distribution methods result in more efficient response to battlefield casualties.

Bottom: Gettysburg, Pennsylvania (7/63). Fully equipped with hospital tents, and with increased staff.

Another focus of the Letterman Plan was the transportation of wounded men. By the later stages of the war, crude, early methods had evolved into efficient, reliable transportation with appropriate vehicles.



PHOTOGRAPHIC HISTORY OF THE CIVIL WAR



PHOTOGRAPHIC HISTORY OF THE CIVIL WAR



PHOTOGRAPHIC HISTORY OF THE CIVIL WAR

Top: Early on, most ambulances were two-wheel carts – a horrific experience for a wounded soldier.

Middle: Antietam (9/62). The newly-formed ambulance corp in a drill.

Bottom: Gettysburg (7/63). Fully-stocked ambulance train (all four-wheel carts) at the ready.

Vermont Takes Action

“President Abraham Lincoln and Secretary of War Edwin Stanton greeted a proposal from Vermont Governor Frederick Holbrook to open military hospitals far from the battlefield as “inexpedient and impracticable of execution.” By the war’s end, however, the army had created 192 general hospitals in its 16 military departments. Twenty-five hospitals were in the Department of the East, including three in Vermont.”²³

Medical Support for Military Units

In 1861, military post hospitals and some general hospitals that served stationary populations existed, but most were far from the location of the fighting. Thus, initially there were scant provisions for medical care of wounded or ill soldiers, except for the presence in military units of individual surgeons and aides who had volunteered.²⁴

The nation addressed the need by starting construction of general military hospitals as close to the location of the fighting as possible. The East Street Infirmary and Union Hotel in Washington D. C., which opened in May, 1861 was the first new military hospital built to serve the wounded.

The magnitude of the shortcoming was brought home by the result of the First Battle of Bull Run in July, 1861, a resounding and totally unexpected victory for the Confederates. This removed any hopes in the Union of an early resolution to the conflict – i.e. a quick Union victory in the war.

Subsequently, new general hospitals opened at a rapid pace, all within close range of the fighting (Washington, Maryland, Pennsylvania).

Vermont Governor Frederick Holbrook

Union states far removed from the fighting could envision the need to provide care and support for native sons returning from the front with injuries and illnesses that required further treatment.

It was clear that “the context for establishing these remote facilities was the growing realization that pre-existing arrangements were inadequate for treating the



²³ “Designed for Cure: Civil War Hospitals in Vermont”, Boone and Sherman, Vermont Historical Society.

²⁴ The term “surgeon” was used to describe all medical professionals who travelled with the military units.

large number of men who came out of battle wounded or physically and mentally broken down, as well as the many who contracted debilitating and contagious illnesses in the military camps themselves, where sanitary conditions were poor and diseases spread rapidly”²⁵.

Anxious to get ahead of this problem, Governor Frederick Holbrook of Vermont petitioned President Lincoln and Secretary of War Stanton to establish hospitals in Vermont to care for sick and wounded soldiers of the New England region.

The plan met with much skepticism and opposition, mainly from Secretary Stanton, on the basis that:

- The disabled men would not be able to stand the trip.
- Desertions would be high among the men who made the trip.
- The plan would be “an unmilitary innovation”.

Governor Holbrook assured the President and the Secretary that the hospitals would be military hospitals, under the full control of the military, and that transfers would be authorized and supervised by the military. The governor also agreed that the “experiment” (Secretary Stanton’s term) could be revoked after six months if not successful.

The governor argued correctly that patients would recover sooner if they were removed to a healthier climate, to which they were familiar. This would also result in higher morale.

The President and the Secretary agreed to the governor’s plan, and work began to construct the hospitals that had been envisioned.

General Military Hospitals in Vermont

From May, 1862 until June, 1864, three U. S. military general hospitals opened in Vermont; they were:

		<u>Also named</u>
U. S. General Hospital	Brattleboro	Smith General Hospital
U. S. General Hospital	Burlington	Marine Hospital
Sloan General Hospital	Montpelier	

During the war, over 8,500 men were admitted to these hospitals, and the results validated Governor Holbrook’s concept.

- The hospitals became an important adjunct to the operation of the field (and evacuation) hospitals. Only men who were deemed able to make the trip were sent; thus, space and resources at the field

²⁵ “Designed to Cure: Civil War Hospitals in Vermont”.

hospitals were preserved for the more critical cases.

- State agents who toured the hospitals and camps were instrumental in optimizing the selection of men to be sent to the home state.
- Statistics showed that five percent of the men who embarked on the trip deserted. This figure was subsequently amended to exclude the many who returned; thus the final figure was well within an acceptable range.
- Statistics also showed that the initial claims by Governor Holbrook, that remote hospitals would be healthier, held true. The Vermont hospitals had much higher rates for men returned to duty and lower death rates than did the hospitals near the action. (Admittedly, this was due partly to the fact that more severely injured soldiers were treated at the battlefield hospitals.)
- The fact that the federal government saw fit to establish a total of 192 local-state general hospitals, many of them far from the fighting, is proof that the "experiment" was a success.

Possibly, even Secretary Stanton was pleased.

Vermont Military Hospital Sites²⁶

The general military hospitals that were built in Vermont were a diverse set of structures.

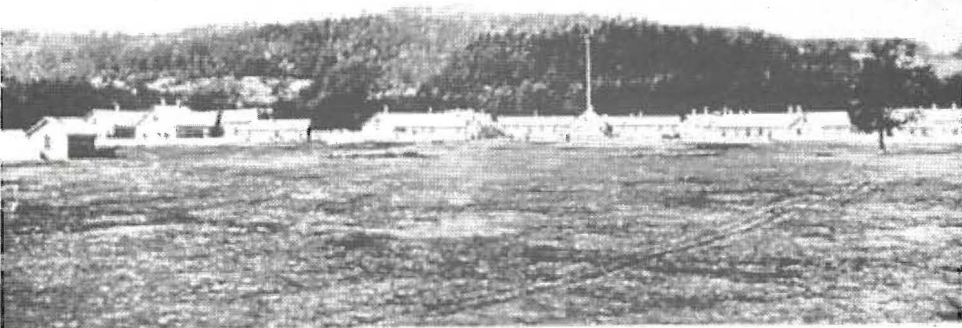
The U. S. General Hospital in Brattleboro was completed in February, 1863, using the existing military campgrounds and buildings at which the earliest enlistees had been mustered into the army. It treated a total of 4,402 patients during the war.

The Marine Hospital in Burlington was in existence as a post hospital and was receiving Civil War casualties as early as May, 1862. It treated a total of 2,406 patients during the war.

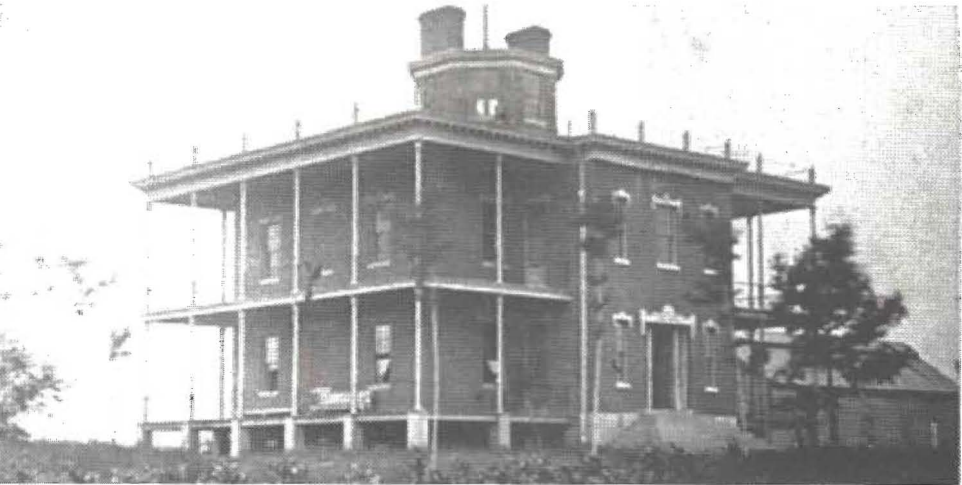
The Sloan General Hospital in Montpelier was built to the standards of hospital "pavilion" design (which was based on the work of Florence Nightingale during the Crimean War of the 1850s). The hospital opened in June, 1864, and treated a total of 1,670 patients during the war.

²⁵ "Designed to Cure: Civil War Hospitals in Vermont".

The three Vermont military hospitals opened during the war are shown below.



U. S. General Hospital (Smith General Hospital) - Brattleboro



U. S. General Hospital (Marine Hospital) - Burlington



Sloan General Hospital - Montpelier

Rutland Responds to the Challenge

Not all doctors on the list of Rutland doctors 1861 – 1865 were practicing at all times during the period. At any time there were fewer than twenty-one doctors working in Rutland, and sometimes considerably fewer. These men carried the burden of caring for the home front population, as well as for the returning military men.

In addition to the home front medical team, there were prestigious physicians and surgeons who had been or would be practicing in Rutland, serving in the military and providing their expert knowledge and skills to their country.

Rutland Doctors in the Union Army

The following are some of the notable Rutland medical men and their accomplishments in the mid-19th century and the Civil War.

Dr. Ebenezer K. Sanborn

In 1858, at the age of 30, Dr. Sanborn was appointed Professor of Surgery at Castleton Medical College; at the same time, he set up a medical practice in Rutland.²⁷

When war broke out in April, 1861, he was one of the first to volunteer his services.

“Dr. Sanborn was commissioned surgeon of the 1st Vermont Volunteers, and was ordered to Newport News as post surgeon; he established the first hospital erected during the war. General Butler asked him to become surgeon of the 31st Massachusetts Volunteers, which post he accepted....With rank of Major he joined the regiment on the frigate *Mississippi*, but the unremitting fatigue and overwork incidental to the position at last broke down a system already undermined by the insidious germs of typhoid, contracted during his previous campaign, and he landed at Ship Island in an unconscious condition, and died April 3, 1862. His general said, on hearing of this death: “The service lost a good officer, the profession an able member, and the country a patriot and a good citizen.””²⁸

Dr. Sanborn possessed rare skills as a teacher, and had he remained in that capacity, would likely have achieved a high position among the medical instructors in this country. Early in his practice he commenced to record his observation of cases, methods of treatment, and such other

²⁷ Possibly, the lack of a reference to Dr. Sanborn in the 1861 – 1865 list of Rutland doctors is a matter of timing of the list's compilation.

²⁸ The American Sanborns

information as he thought would be useful to him in later years. His writings in medical journals showed original thought and study, and covered a wide range of subjects, especially in his special department of anatomy and surgery.²⁹

Dr. John David Hanrahan³⁰

Dr. Hanrahan was born in 1844 in County Limerick, Ireland. His family emigrated to the United States in 1850, settling in New York City.

In 1861, at the age of 17, he was studying medicine when the war broke out. He entered the U. S. Navy that June as an Assistant Surgeon. He had served in the Potomac for two years when, in August, 1863, his vessel was captured and he was imprisoned. Fortunately, he was paroled six weeks later. While paroled, he attended lectures at the medical department of Georgetown University.

He ended his military duty in July, 1865, having served over four full years.

Dr. Hanrahan subsequently earned his degree in medicine. He took up residence in Rutland in 1869, and until his death in 1923, was an accomplished medical man and civic leader at all levels of our society.

- Provided medical care for the city of Rutland for over 50 years
- Rutland Village president and trustee
- President of the Rutland County Commission
- Presidential appointee (of two U. S. presidents) to the pension board, and postmaster of Rutland
- Chairman of the Rutland County Democratic Committee
- Delegate to the 1884 Democratic National Convention
- Chairman of the Rutland County delegation to the 1892 Democratic National Convention
- Director of Rutland Hospital
- Surgeon General of the Grand Army of the Republic

Dr. Hanrahan is buried in Calvary Cemetery in Rutland.

²⁹ "Contributions of the Old Residents Historical Association, Lowell, Mass.," Morning Mail Print, Lowell

³⁰ "Distinguished Successful Americans of Our Day", Distinguished Americans, Chicago, Ill. 1912

Dr. (Governor) John A. Mead³¹

Dr. Mead was the great-great grandson of Col. James Mead, the first settler of Rutland. On Dr. Mead's maternal side, he was descended from John Howland who came over on the Mayflower. He was also a cousin of Charles B. Mead, who has been featured in other RHS Quarterly issues.

John A. Mead was studying to be a doctor when the Civil War broke out. He enlisted in Co. K, 12th Vermont Volunteers, participating in several skirmishes and battles. Upon being mustered out he returned to Middlebury and graduated with his class in 1864.

In 1868 he received his diploma from the College of Physicians and Surgeons in New York City and practiced medicine there for several years, then moved to Rutland, where he practiced medicine until 1885. At that time, he decided to devote his entire attention to his increasing business and political interests.

Highlights of Dr. Mead's life after he stopped practicing medicine in 1885 are:

- Joined the Medical Department of the University of Vermont.
- Elected trustee of Middlebury College, Norwich University and the University of Vermont.
- Surgeon General of the Grand Army of the Republic
- Member of the board of pension examiners
- Reorganized the Howe Scale Co. and became its president.
- Officer and/or director of large corporations: National Bank of Rutland, Rutland Railroad, Clement National Bank, Baxter National Bank.
- State Senator Rutland County (1892)
- Rutland City legislator (1906)
- Vermont Lieutenant Governor (1908)
- Vermont Governor (1910)
- Delegate-at-large to national Republican convention, Chicago, (1912)

³¹ Encyclopedia Vermont Biography, Prentiss C. Dodge, Ullery Publishing Company, Burlington, VT.

Dr. Middleton Goldsmith

Dr. Goldsmith was born in Maryland in 1818, a descendent of Arthur Middleton, a signer of the Declaration of Independence.

After both he and his father relocated to New York, Dr. Goldsmith studied medicine and took up practice as an assistant to his father, a surgeon. During that time, he developed an intense interest in pathological anatomy, and went on to become the co-founder of the New York Pathological Society.³²

Dr. Goldsmith came to Rutland in 1844 when, at the age of 26, he became Professor of Surgery at the Castleton Medical College. He stayed at Castleton until 1856, when he left to accept a position in Louisville, Kentucky (which his father had occupied previously), subsequently becoming Dean of the Faculty.³³

When the Civil War broke out, Dr. Goldsmith volunteered his services to the Union army and became Brigadier Surgeon to the Army of the Cumberland, eventually becoming Surgeon in Chief to all military hospitals in the Kentucky and Ohio area.

While in the service, Dr. Goldsmith proved the effectiveness of using bromine in the treatment of hospital gangrene. While opposition to this new method was formidable, statistics compiled by representatives of the Sanitary Commission and the Medical Department of the Army overwhelmingly validated the approach.³⁴

In addition, Dr. Goldsmith was one of the Civil War doctors who realized the importance of surroundings, especially clean air, in the treatment of wounded or sick patients.

Dr. Goldsmith made other important practical discoveries. "He should be regarded as one of the pioneers of disinfection. He disinfected condemned blankets and clothing which had been used by smallpox and other patients and so restored them to use when clothing was scarce. All this was before the time when Lister began his experiments."³⁵

At the close of the war, Dr. Goldsmith returned to Louisville but his affiliation with the Union was not well received there, and he soon re-

³² A Cyclopedia of American Medical Biography, Howard Atwood Kelly, The Norman, Remington Co, 1920

³³ Ibid.

³⁴ "Doctors in Blue, The Medical History of the Union Army in the Civil War", George Worthington Adams, Henry Schuman, New York

³⁵ "Middleton Goldsmith, M.D., LL.D.", Virginia Kneeland Frantz, M.D., The Academy Bookman

located to Rutland. Once back in Rutland, he continued to build on his legacy.³⁶

- Established the Rutland Free Dispensary (medicine for the needy)
- Provided many pro-bono services for the poor.
- Visited marble workers and woodchopper camps to dispense free services.
- Forced improvements in conditions at the Vermont State Asylum, via a report to the Legislature and lobbying.
- Donated \$5,000 to the New York Pathological Society.
- The Middleton Goldsmith Lecture Series was established using Dr. Goldsmith's donation.
- Donated his 1,200-volume medical library to the New York Academy of Medicine.

Dr. Goldsmith's accomplishments extended to areas that were not directly related to medicine and social care. His address to the Vermont legislature on "Fish Culture" was the basis for fish and game laws in the state of Vermont.

Dr. Goldsmith died in Rutland on November 26, 1887, at the age of 69.

The Aftermath – Lessons Learned³⁷

For all its death and destruction, the experiences and lessons of the Civil War advanced medical care in the United States by years if not decades, in all aspects of the profession.

Conditions of the war created situations that would not have been confronted otherwise:

- Assembly of large groups of men.
- Unprecedented numbers of bodily injuries on the battlefield.
- Exposure to unfamiliar environments and pathogens.
- Minimal attention to hygiene in camps.

By the end of the war, the crises caused by these conditions had been met with some success. In the aftermath, expectations were that medical treatment for injuries and illnesses would be available promptly,

³⁶ "Middleton Goldsmith, M.D., LL.D."

³⁷ "How the Civil War Changed Modern Medicine", Emily Sohn, Discovery News

creating pressures on governments to follow the models that had been established during the war.

Treatment of Injuries and Illnesses

Major advances in the post-war 19th century included the following:

- The efficacy of organized triage close to the source of harm was established. This accelerated the development of ambulance systems in many major cities.
- In the military, networking of hospitals to treat battlefield casualties became a model for future military campaigns.
- The medical profession began to understand the principals of hygiene, and the importance of physical environments in which patients were treated.
- Civil War medicines paved the way for advances in pain management.
- Methods of administering anesthesia were improved.
- Antiseptic treatments became common for the containment of germs and infection.
- Reconstructive surgery had been used during the war for the first time.

The Civil War “was a watershed that really changed all medicine to the point where it could never completely go back to the way it was before. All these changes had come about, and people weren’t willing to go back.”³⁸

Hospitals³⁹

Early in the 19th century, the energies of the medical profession in the state of Vermont were directed toward the establishment of medical colleges. Similarly, at the end of the century energies were being directed to the establishment of hospitals.

Before the end of the 19th century, states and cities around the nation accelerated the growth of public general hospitals, realizing that physicians needed space and facilities in which to work, and patients needed an environment that was in every way suitable for their treatment and recovery.

This movement was fueled by the success of home-front military hospitals, which demonstrated clearly that both patient and physician

³⁸ Ibid.

³⁹ “Medicine and Surgery”, Dr. Charles S. Caverly

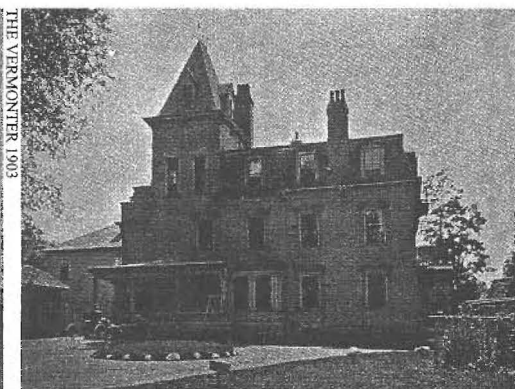
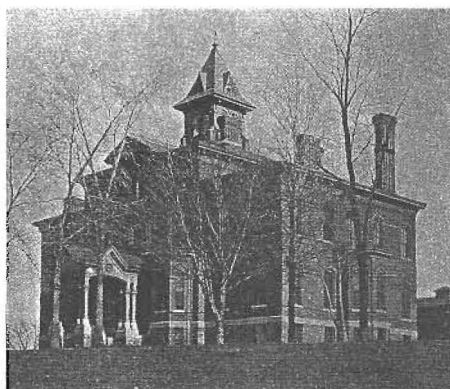
thrived in an organized setting designed expressly for medical care and recuperation.

In 1896, the Rutland City Hospital became the first general public hospital to be opened in Rutland. (The history of the Rutland City Hospital has been covered in a past issue of the RHS Quarterly, Volume XXVI, 1993 quarter 1).

In 1896, the Proctor Hospital opened. This institution was an outgrowth of the system of "district nursing"⁴⁰ that was provided by the Vermont Marble Company. The hospital existed to help employees of the company and their families with health care needs, at almost no cost to the needy families, and at nominal cost to others. The hospital had no endowment and was maintained by the Vermont Marble Company.

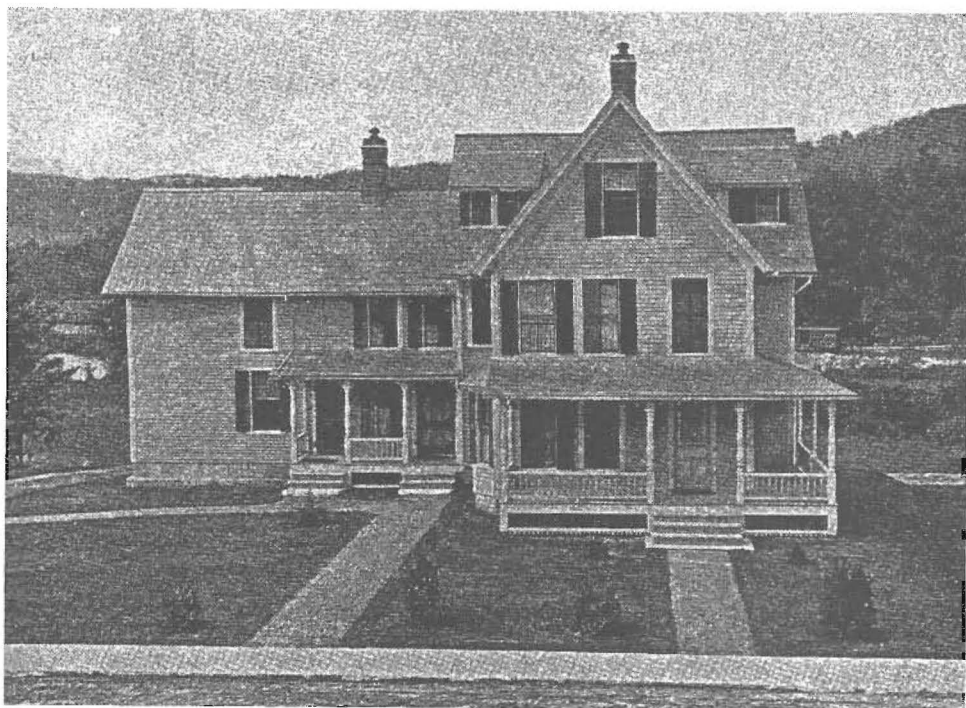
By the turn of the century, Vermont had a total of eight general hospitals serving its citizens.

Name	City	Opened
Mary Fletcher Hospital	Burlington	1879
St. Albans Hospital	St. Albans	1882
Fanny Allen Hospital	Colchester	1894
St. Johnsbury Hospital	St. Johnsbury	1895
Rutland Hospital	Rutland	1896
Proctor Hospital	Proctor	1896
Heaton Hospital	Montpelier	1896
Brightlook Hospital	St. Johnsbury	1899



The first public hospitals in Vermont. The Mary Fletcher Hospital in Burlington (above, left). The St. Albans Hospital (above, right).

⁴⁰ District nursing was a system in which visiting nurses provided services to a group of patients, in this case Vermont Marble Company employees.



THE VERMONT 1903

Two Rutland area hospitals opened in 1896: Rutland City Hospital (above) and Proctor Hospital (below).

Public Health Legislation⁴¹

From the early years of our nation, it was the duty of selectmen of towns to protect the townspeople from the spread of communicable diseases such as smallpox. The activities associated with this duty included "attending" to cases of disease (which included assuring that medical care was provided), and guarding against danger to the uninfected population. This tradition continues to this day, where selectmen often occupy the additional position of town "health officer".

This practice may have suited the needs of the times, but as years passed, medical care professionals began to argue for the need of a central health organization.

In the 1870s, the Vermont State Medical Society began to call attention to the large number of preventable deaths that occurred from contagious illnesses. This persuasion resulted in the establishment of the State Board of Health in 1886; emphasis was to be placed on those contagious illnesses, and the steps to be taken by towns and individuals to confront the problems.

For the most part, the board used communication to alert and educate the public to causes of illnesses, how illnesses were spread to other people, and how they could be treated.

In the 1890s, a series of changes gave the Board more influence and control over public health, to resemble more closely the public health organizations of today.

Dr. Allen and Dr. Caverly⁴²

In the early years of the State Board of Health, two Rutland physicians provided much of the leadership.

Dr. Charles L. Allen was one of the three initial members of the Board, and occupied the office of Secretary. Dr. Allen served on the Board until his death in 1890. Dr. Allen also served the country in the post-war period as President of the U. S. Board of Pension Surgeons.

A brief biography of Dr. Allen was included in "Rutland in the Civil War – Part 2".

Upon the death of Dr. Allen, his position on the Board was assumed by Dr. Charles S. Caverly. In 1891, the Board president (Dr. Chesmore of Huntington) died, and Dr. Caverly succeeded to the presidency. Dr. Caverly relinquished the presidency in 1896, but continued as a board member.

⁴¹ "Medicine and Surgery", Dr. Charles S. Caverly

⁴² Ibid.

Conclusion

The Civil War imposed massive medical burdens on the federal government, and the states, cities and towns, at a time when the medical capabilities of the new nation were just evolving. All levels of the medical community met the challenge with energy and patriotism, ultimately achieving success in medical tents and hospitals, complementing the hard-won victories on the battlefield.

The Rutland Historical Society honors the men and women who worked tirelessly to provide aid and comfort to men of the armed services, who too often were struck down by illness or the enemy's fire.

This Quarterly is intended to keep the memory alive, and to tell the story of how once again the call of duty was answered.

This is the fourth Civil War Quarterly to be published during the four-year commemoration period. The Rutland Historical Society via the Quarterlies will continue to present relevant and timely articles, and will continue to expand the online information sources for Civil War related topics.

Sources

Main sources for this quarterly are:

Designed to Cure – Civil War Hospitals in Vermont, Vermont History 69, Vermont Historical Society.

Medical Recollections of the Army of the Potomac, Jonathan Letterman, M.D., D. Appleton & Co., New York

“Civil War Medicine”, Janet King RN, BSN, CCRN, Vermont in the Civil War website: www.vermontcivilwar.org

“Medicine and Surgery”, Dr. Charles S. Caverly, The Vermonter, a State Magazine, May, 1903

Middleton Goldsmith, M. D., LL. D., 1818-1887, Virginia Kneeland Frantz, M. D., The Academy Bookman

“The History of Rutland, Vermont 1761-1861, Dawn D. Hance, The Rutland Historical Society, Inc.

“Early Families of Rutland, Vermont”, M. and D. Swan, edited by Dawn D. Hance, The Rutland Historical Society, Inc.

“Doctors in Blue – The Medical History of the Union Army in the Civil War”, George Worthington Adams, Henry Schuman, N. Y.

For Further Reading

A number of Civil War related books can be found on the free Internet Archive. Go to "archive.org", select "text" and place the book title in the search box at the top. You may read the book on-line or you may also download the complete book in a few minutes. It is all FREE.

Here are six (6) titles that are available:

Revised Roster of Vermont Volunteers

Vermont in the Civil War (2 Vol.) –G.G. Benedict

Vermont Riflemen in the War for the Union – William Y. W. Ripley

History of Rutland County, Vermont – Smith & Rann

The Vermont Brigade in the Shenandoah Valley – Aldace F. Walker

Narrative of the Service of the Officers and Enlisted men of the 7th

Regiment of Vermont – William Holbrook

Rutland Historical Society Quarterlies related to the Civil War are available on our web site (rutlandhistory.com). These include the following titles:

Vol. X	No. 2 Rutland Light Guards
Vol. XXII	No. 2 Rutland Blacks in the Civil War
Vol. XXIII	No. 3 Horace Henry Baxter
Vol. XXIV	No. 2 John T. Kelly –Civil War Diary
Vol. XXV	No. 2 General Wheelock G. Veazey
Vol. XXVIII	No. 1 Civil War Diary of Charles B. Mead
Vol. 32	No. 1 Final Civil War Diary of Charles Mead
Vol. 41	No. 2 Rutland in the Civil War
Vol. 41	No. 3 Rutland in the Civil War – The Home Front
Vol. 42	No.3 Rutland in the Civil War– The Sharpshooters

Back page of RHSQ